

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 111488 FILING DATE 1-14-80

APPLICANT(S) Klawitter

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
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5	/		/			
6	/		/			
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8	/		/			
9	/		/			
10	2		2			
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TOTAL IND.	9		4			
TOTAL DEP.	16	↔	15	↔		↔
TOTAL CLAIMS	19		19			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						